

Tobacco use is one of the chief preventable causes of death in the world. The World Health Organization (WHO) attributes some 4 million deaths a year to tobacco, a figure that is expected to rise to 8.4 million deaths a year by 2020 (Internal Journal of Public Health, 2000). By that time 70 % of these deaths will be occurring in developing countries and Botswana is not an exception.

Botswana is a landlocked country lying within the center of the Southern African Plateau. The country has an area of about 582, 000 square kilometers, but two thirds of it lies in the Kgalagadi desert, in the western part. Botswana has a population of approximately 1.7 million (2001 census). It is not a tobacco producing country but rather a consumer of a variety of tobacco products. There is currently no specific data that links the types of the diseases and mortality to use of tobacco. There is also lack of data on consumption rates of tobacco products by various groups and population categories.

To help fulfill this data gap in Botswana and other developing countries WHO through Tobacco Free Initiative (TFI) and the Office on Smoking and Health (OSH) in the Centers for Disease Control and Prevention (CDC) in the USA developed the Global Youth Tobacco Survey in the six WHO regions. Assessing tobacco use by youth through GYTS forms an important part of the global tobacco surveillance system.

The third phase will involve **taking the project to scale:** producing and disseminating resources; strengthening regional capacity to sustain activities; integrating the products and the results of the project into the on going tobacco control work at the national, regional and global levels; transferring technology experience between countries and regions; and strengthening cooperation and collaboration at all levels.

OBJECTIVES OF GYTS

The objective of this survey is two Fold:

- To document and monitor prevalence of tobacco use including cigarette smoking, and current use of smokeless tobacco, cigars or pipes.
- To better understand and asses students' attitudes, knowledge and behaviors related to tobacco use and its health impact, including: cessation, environmental tobacco smoke (ETS), media and advertising, minors access and school curriculum.

BACKGROUND

Between 1970 and 1995, WHO adopted 14 resolutions on the need for both national and international tobacco control policies. Four of the 14 resolutions are relevant to the United Nations Foundation for International Partnership (UNFPI) – project – GYTS.

Member states were encouraged to implement comprehensive tobacco control strategies that contain the following:

- Measures to ensure that Non –smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke.
- Measures to promote abstention from the use of tobacco so as to protect children and young people from becoming addicted.
- The establishment of programs of education and public information on tobacco and health issues, including smoking cessation programs, with active involvement of the health professionals and the media.
- Monitoring of trends in smoking and other forms of tobacco use, tobacco –related disease and effectiveness of national smoking control action.

World Health Organization (WHO) and Center for Disease Control (CDC) developed the Global Youth Tobacco Survey (GYTS) to track tobacco use among youth across countries using a common methodology and core questionnaire. The GYTS surveillance system is intended to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programs.

The project is conceived as dynamic and interactive process, where by the activities and products of each phase will be used to inform and guide subsequent activities. The project will consist of three distinct, but overlapping phases. The first phase will focus on hastening the evidence for action: Synthesizing the existing evidence from countries, some of which may participate in subsequent phases, Undertaking new areas of research to support actions; and establishing the research –based evidence for developing future actions.

The second phase will be the activating phase. Country Activating Groups (CAGs), with broad membership, will be formed in each of the participating countries as the coordinating and implementing mechanism at the country level to select and develop the components of a comprehensive country based approach to addressing tobacco use among children and young people. Opportunities to promote the exchange of experiences and issues between countries and global activities will be developed and strengthened.

RATIONALE FOR IMPLEMENTING GYTS IN BOTSWANA.

Botswana is not a tobacco producing country but rather a consumer of a variety of products. It is widely known that tobacco is the most important preventable cause of premature death in many countries. Cigarette smoking is responsible for heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease.

In this country there is no specific data that links the types of the diseases and mortality to use of tobacco. There is also lack of data as to the extent of consumption of tobacco products by various groups and population categories. Global Youth Tobacco Survey, which is school –based, will try to address a student’s population aged between 13 –15 years old. A brief rationale is given for each of the sections included in the GYTS. The rationale is a summary of the importance of collecting data for the content areas, not an item –by- item justification.

Prevalence

Botswana, like many other countries, is not immune to younger people beginning to smoke at a younger age, with the median age of initiation under 15. Despite having laws prohibiting the sale of tobacco products to children under the age of 16, it is evident that children under 16 continue to purchase the products from almost any type of retail establishment all over the country. Starting to smoke at a younger age will increase the risk of death from smoking related causes, and lowers the age at which death is likely to occur. Young people who start smoking in their adolescent years will therefore die from the use of tobacco. The questions in this section will measure smoking experimentation, current smoking patterns, age of initiation, and other tobacco use. Data will be collected on cigarette smoking and use of other tobacco products.

School Curriculum

Schools are an ideal setting in which to provide tobacco use prevention education. School –based tobacco prevention education programs that focus on skills training have proven effective in reducing the onset of smoking. These programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, School Tobacco Prevention Education Programs may enable them to immediately stop all use. Although there are school health programs in many schools in the country none of them covers tobacco use adequately nor make it a major subject. This section of GYTS will therefore measure student perception of tobacco use prevention and education.

Cessation

Many smokers, including youth, are addicted to nicotine and need assistance in quitting. To comprehensively address tobacco use among youth, the focus must be on both prevention and cessation. As a result of the country and the Ministry of Health’s efforts to assist members of the public, including the youth to quit smoking / tobacco use, there has been an increased demand for cessation programs to be put in place, especially for the youth. This section of the GYTS will attempt to measure cessation among youth.

Environmental Tobacco Smoke (ETS)

As the theme for 2001 World No Tobacco focused on “Second Hand Smoke Kills” to protect families and friends it is of paramount importance to measure exposure to environmental tobacco smoke (ETS), especially to the youth.

Knowledge and Attitudes

Increases in positive attitudes towards tobacco use and decreased agreement with statements about the risks of tobacco use have been related to increases in youth tobacco rates. Questions regarding susceptibility predict the risk of future smoking experimentation, as do those about the number of friends who smoke, attitudes and knowledge about tobacco. Parental involvement, attitudes toward the social benefits of smoking, knowledge and attitudes toward risks of tobacco use, and potential peer pressure to use tobacco are concepts also specifically addressed.

Media and Advertising

Even though the Control of Smoking Act of 1992 prohibits tobacco advertising there are still limitations because of media materials originating from outside the country in the form of magazines and television films. This survey was attempting to measure the exposure of young people to both pro- and anti- tobacco use messages in the mass media.

METHODS

The 2002 Botswana GYTS was a school- based survey, which employed a two-stage cluster sample design to produce nationally representative sample of students in Form 1 – 3 classes.

Sample description

The sampling frame consisted of all 247 Secondary Schools in Botswana, government or private which was sent to the Center for Disease Control for sampling and only fifty- (50) schools were selected from the junior community Secondary schools (Form 1-3) where most of the 13-15 year olds were found. The schools were selected with promotional proportional to enrollment size (PPE). That meant that large schools were more likely to be selected than small schools. The number of schools to select was dependent on both statistical and practical considerations. The second stage was selection of classes on which in each selected school, the number of classes in Forms 1, 2, and 3 and their respective enrollments were listed, and from this list, classes were randomly selected (based on the random start provided by OSH/CDC on the School –Level Form). All students were eligible for the participation in the survey.

The Questionnaire

A committee of relevant stakeholders was constituted to provide assistance and guidance to study. These included the selection of the final questionnaire, selection and training of survey administrator’s e.t.c. Committee members included Health Research Unit, Family Health Division, World Health Organization, UNICEF, Botswana Youth Council, Cancer Association of Botswana, Department of Youth and Culture, the Ministry of Education